



Document Technologies, Inc. Bankruptcy Document Request Form

Date of Request _____**Time of Request** _____

600 Granby St., 4th Floor
Norfolk, VA 23510 – 1915
(757) 533-9126
(757) 533-9423 Fax
Hours: 8:30am - 5:00pm
Site Manager: Shannon Paul

6500 Cherrywood Lane, 3rd Floor
Greenbelt, Maryland 20770
(301) 982-4216
(301) 982-4271 Fax
Hours: 8:00am - 4:00pm
Site Manager: Antonio Robbins

101 W. Lombard St., Suite 8308
Baltimore, Maryland 21201
(410) 837-0409
(410) 837-0357 Fax
Hours: 8:00am - 4:00pm
Site Manager: Richard Culver

200 S. Washington St., Suite 101
Alexandria, VA 22314
(703) 706 - 0494
(703) 706 - 0485 Fax
Hours: 8:30am - 5:00pm
Site Manager: Kenneth Hamilton

Bill To:		Return / Send Documents To:	
Company/Firm:		Same as Bill To: <input type="radio"/>	
Name/Contact:		Name/Contact:	
Address:		Address:	
City/State:	Zip:	City/State:	Zip:
Phone #:	Fax #:	Phone #:	Fax #:
Client Matter/Billing #:		FedEx #:	UPS #:

Service Type

<input type="checkbox"/> Normal	<input type="checkbox"/> Rush (additional charge)
<input type="checkbox"/> Search (additional charge)**	<input type="checkbox"/> *Rush work will be completed within a hour of receiving request

Delivery Type

<input type="checkbox"/> Pickup	<input type="checkbox"/> Mailed
<input type="checkbox"/> Fax	<input type="checkbox"/> Other:

Requested Documents

Case #: _____ Case Name: _____ Open ___ Closed ___ Close Date _____

****ALL CERTIFIED COPIES MUST BE OBTAINED THRU THE COURT****Please check the boxes needed:**

<input type="checkbox"/> Entire File	<input type="checkbox"/> Claims Register
<input type="checkbox"/> Docket _____ Complete or From _____ to _____	<input type="checkbox"/> Proof of Claim(s) _____
<input type="checkbox"/> Mailing Matrix	<input type="checkbox"/> Notice of Meeting of Creditors (341 Notice)
<input type="checkbox"/> Summary of Schedules	<input type="checkbox"/> Debtor's Statement of Intent
<input type="checkbox"/> Statement of Financial Affairs	<input type="checkbox"/> Chapter 13 Plan _____ Chapter 11 Plan _____
<input type="checkbox"/> Schedule A – Real Property	<input type="checkbox"/> Trustee's Report of No Distribution
<input type="checkbox"/> Schedule B – Personal Property	<input type="checkbox"/> Discharge of Debtor
<input type="checkbox"/> Schedule C – Property Claimed as Exempt	<input type="checkbox"/> Final Decree
<input type="checkbox"/> Schedule D – Creditors Holding Secured Claims	<input type="checkbox"/> Petition Package (Includes:
<input type="checkbox"/> Schedule E – Creditors Holding Unsecured Priority Claims	<input type="checkbox"/> Original Petition
<input type="checkbox"/> Schedule F – Creditors Holding Unsecured Non Priority Claims	<input type="checkbox"/> Statement of Financial Affairs
<input type="checkbox"/> Schedule G – Executory Contracts and Unexpired Leases	<input type="checkbox"/> Summary of Schedules & all Schedules)
<input type="checkbox"/> Schedule H – Codebtors	
<input type="checkbox"/> Schedule I – Current Income of Individual Debtor(s)	
<input type="checkbox"/> Schedule J – Current Expenditures of Individual Debtor(s)	

****A search charge will be included for each document that does not have a docket # included (excluding documents checked above)**

Docket #	Date Docketed	Date Filed	Document description *Please be as specific as possible*

Payment Information

Type
Pre -Approved Account:
Credit Card (Visa _____ MasterCard _____)
Card #: _____ Billing Zip code: _____
COD (Mailing Payment) (No Personal Checks)

FOR OFFICE USE ONLY

TOTAL # OF COPIES _____ TOTAL FEE \$ _____

DATE REQUESTOR NOTIFIED _____

DATE PICKED UP _____